GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:2143
ANSWERED ON:28.07.2017
Child Mortality
Rathwa Shri Ramsinh Patalyabhai

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether India has the highest number of child deaths in the world and if so, the details thereof and comparison of India's standing with BRICS and SAARC member nations and African countries;

(b) whether India has achieved/is on track to achieve the fourth Millennium Development Goal (MDG-4) aimed at reducing under five child mortality by twothird and if so, the details thereof and if not, the reasons therefor and corrective action taken by the Government; and

(c) whether the Government has identified high risk districts and if so, the details thereof and interventions and if any taken and if not, the reasons therefor?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)
(a): As per Sample Registration System, 2015 Report of Registrar General of India the Under-5 Mortality Rate of India is 43 per 1000 live births. In terms of numbers, this comes to about 10.8 lakhs under-5 deaths in 2015.
The comparison of India's Under 5 Mortality Rate (U5MR) with BRICS Countries, SAARC member nations and African countries are placed at Annexure-1, Annexure-2 and Annexure-3 respectively.

(b: As per the Sample Registration System (SRS) Report of Registrar General of India (RGI) for the year of 2015, India has attained Under-5 Mortality Rate (U5MR) of 43 per 1000 live births against the MDG-4 target of 42 per 1000 live births.
The Government of India is implementing the following interventions under the National Health Mission (NHM) all across the country to reduce child mortality rate:
(1) Promotion of Institutional deliveries through cash incentive under Janani Suraksha Yojana (JSY) and Janani Shishu Suraksha Karyakaram (JSSK) which entitles all pregnant women delivering in public health institutions to absolutely free ante-natal check-ups, delivery including Caesarean section, post-natal care and treatment of sick infants till one year of age.
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(2) Strengthening of delivery points for providing comprehensive and quality Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCH+A) Services, ensuring essential newborn care at all delivery points, establishment of Special Newborn Care Units (SNCU), Newborn Stabilization Units (NBSU) and Kangaroo Mother Care (KMC) units for care of sick and small babies. Home Based Newborn Care (HBNC) is being provided by ASHAs to improve child rearing practices. India Newborn Action Plan (INAP) was launched in 2014 to make concerted efforts towards attainment of the goals of "Single Digit Neonatal Mortality Rate" and "Single Digit Stillbirth Rate", by 2030.

(3) Early initiation and exclusive breastfeeding for first six months and appropriate Infant and Young Child Feeding (IYCF) practices are promoted in convergence with Ministry of Women and Child Development. Village Health and Nutrition Days (VHNDs) are observed for provision of maternal and child health services and creating awareness on maternal and child care including health and nutrition education. Ministry of Health and Family Welfare launched MAA-Mothers' Absolute Affection programme in August 2016 for improving breastfeeding practices (Initial Breastfeeding within one hour, Exclusive Breastfeeding up to six months and complementary Breastfeeding up to two years) through mass media and capacity building of health care providers in health facilities as well as in communities.

(4) Universal Immunization Programme (UIP) is being supported to provide vaccination to children against many life threatening diseases such as Tuberculosis, Diphtheria, Pertussis, Polio, Tetanus, Hepatitis B and Measles. Pentavalent vaccine has been introduced all across the country and "Mission Indradhanush" has been launched to fully immunize children who are either unvaccinated or partially vaccinated; those that have not been covered during the rounds of routine immunization for various reasons.

(5) Name based tracking of mothers and children till two years of age (Mother and Child Tracking System) is done to ensure complete antenatal, intranatal, postnatal care and complete immunization as per schedule.

(6) Rashtriya Bal Swasthya Karyakram (RBSK) for health screening, early detection of birth defects, diseases, deficiencies,

development delays including disability and early intervention services has been Operationalized to provide comprehensive care to all the children in the age group of 0-18 years in the community.

(7) Some other important interventions are Iron and folic acid (IFA) supplementation for the prevention of anaemia among the vulnerable age groups, home visits by ASHAs to promote exclusive breast feeding and promote use of ORS and Zinc for management of diarrhoea in children.

(c): 209 low performing districts have been identified as High Priority Districts (HPDs) which entitles them to receive high per capita funding, relaxed norms, enhanced monitoring and focused technical supportive supervisions and encouragement to adopt innovative approaches to address their peculiar health challenges.
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